STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

JUL 202017

I. Name of Lobbyist(s) James De	emers, Robert Blais	sdell, Tom Prasol	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm	or corporation, if any	•	DEPARTMENT OF STATE
Demers, Blaisdell & Prasol,	- · · · · ·		
(Name of partnership, firm			
72 North Main St. Suite 301	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 228.1498)	e-mail james.	demers@demers-blaisdell.com
(Telephone)	(Fax)	C man -	
III. This statement covers: (Choose one reportable expense transactions which a	 file separate reports are not attributable to 	for each client, OR you t any one client).	nay file a separate report for
_ All reportable transactions occurring i	n the months prior to the	e reporting date relative to	the following client:
(Full Name of Clien	t as it appears on the Lobb	yist Registration Form)	
<u>OR</u>		•	
☐ All reportable transactions by the lobby unrelated to any particular client.	yist (including the lobby	ist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report April 26, 2017 ! Reports cover: activity from date of regist		July 26, 2017 X activity from 4/1/17 to 6/30/1	17
October 25, 2017 <i>activity from 7/1/17 to</i>		January 31, 2018	
V. There have been no fees received If this box is checked, complete just this fo Concord, NH 03301.	and no reportable tr rm and submit it to the S	ansactions made since Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports are attac	ched:		
If you have received fees or made exp		Addendum A- Fees and 1	Expenses
L If you have paid an honorarium or rein Expense Reimbursement	nbursed expenses, you r	nust file Addendum B - R	eport of Honorariums or
If you, your firm, or your family has n	nade political contribution	ons, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	and RSA 664 and here	by swear or affirm that the	foregoing information is true
In Temer		7/18/n	7
(Signature of lobbyist) Tames M. Den		——————————————————————————————————————	ate)
Tames M. Dem (Print Name of lobbyist)	ess		

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) JUL 20 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

. Addie of Elobyist(s)	<u> </u>	+	Plaistell, Thomas
II. Name of lobbyist's par	tnership, firm or corr	oration, if any	1
Den	ners, Blais d	lell & Pras	1
	nership, firm or corporation)		71.01.7
III. Name of Client	N/N		Date 7/18/17
Political Contributions For each political contribut client/lobbyist and lobbyin	tion that is reportable pg firm, indicate the foll	oursuant to RSA Chap lowing:	ter 664 paid on behalf of the
Full name of candidate:	See	attachn	ent
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking
actual cost of the in-kind cont	ribution on the line above	e for amount of contribu	ls or services provided, and enter the actual cost is not known,
actual cost of the in-kind cont enter an estimated value and t	ribution on the line above he word "estimate."	e for amount of contribu	ition. If the actual cost is not known,
actual cost of the in-kind cont enter an estimated value and t	ribution on the line above he word "estimate."	e for amount of contribu	(Middle Name/Initial)
actual cost of the in-kind cont enter an estimated value and t	ribution on the line above he word "estimate." (Last Name)	e for amount of contribu	ntion. If the actual cost is not known,
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution.	(Last Name) d contribution, provide a ribution on the line above	(First Name) Office Candidate is description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribute and the contribute of the in-kind contribute of the	(Last Name) d contribution, provide a ribution on the line above	(First Name) Office Candidate is description of the good	(Middle Name/Initial) Seeking s or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution.	(Last Name) d contribution, provide a ribution on the line above	(First Name) Office Candidate is description of the good	(Middle Name/Initial) Seeking s or services provided, and enter the

1:59 PM 07/13/17 Cash Basis

DEMERS, BLAISDELL & PRASOL INC. Transaction Detail by Account

April through June 2017

Name	Paid Amount
Political Contribution	
Friends of Russell Prescott	250.00
Friends of Sharon Carson	500.00
Friends of Gary Daniels	250.00
David Boutin for State Senate	500.00
Friends of Chris Sununu	1,000.00
NH Democratic Party	1,000.00
Volinsky for Executive Council	250.00
Chris Schultz for State Representa	250.00
Friends of Jeb Bradley	500.00
NH Senate Democratic Caucus	250.00
Committee to Elect House Democr	250.00
Total Political Contribution	5,000.00
TOTAL	5,000.00

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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
J. M. Demen 7/18/17
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

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